

Architectural and Engineering Guidelines for Submission, Approval and Inspection of Occupancies Licensed by the Department of Health



TDOH

Tennessee Department of Health

Office of Health Licensure and Regulation

1/20/04

Tennessee Department of Health
Division of Healthcare Facilities

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A. General Requirements:

The following notes are intended to help expedite review of your project drawings as submitted to this department. Review is performed only for facilities which are intended to be licensed by this department. These include:

1. Hospitals
2. Nursing Homes
3. Residential Homes for the Aged
4. Birthing Centers
5. Ambulatory Surgical Treatment Centers
6. Residential Hospices
7. Alcohol and Drug Rehabilitation Facilities
8. Assisted Care Living Facilities
9. HIV Supportive Living

Regulations require that facilities, prior to licensure by the department, have plans and specifications prepared by an architect and/or engineer registered in the state of Tennessee and that these plans and specifications bear their Signed and dated seal(s) on every drawing. All buildings which are being licensed for the first time or which change their licensure category to provide a different service must comply with all current applicable regulations.

Construction must not begin until written approval is received from the division's plans review section, however, site preparation work can start. Construction requiring approval begins with the installation of the foundation, utilities, etc.

A plans review will not be scheduled until the Plans Review Submittal Form, the Certificate of Need (if required), application (if required) and license fee (if required) are submitted. Meetings will be at the discretion of the department and be made on a case by case basis. Reviews will be conducted on a first-in, first-out basis. Two (2) sets of plans, specifications, addenda, etc., must be submitted to the department when the final review is completed in order to allow one set of stamped plans to be maintained on the job site for the life safety surveyor's reference. Transportation of the plans to the jobsite is the responsibility of the architect or engineer and may be accomplished by either picking the plans up from our office or providing us with an appropriate self-addressed mailing container pre-supplied with adequate postage. The other set is to be maintained in the plans review section until the CAD CD Rom disk formatted in plotter (.PLT) or drawing (.DWG) set is received. Once the CAD CD Rom disk formatted in plotter (.PLT) or drawing (.DWG) set is received, the hard copy set of plans held by the plans review section can be picked up by the architect or a facility representative. Otherwise the plans will be disposed of in accordance with the state Records Destruction Authority thirty (30) days following receipt of the final CD Rom disk set of plans and specifications.

Sprinkler shop drawings and calculations must be submitted for review and approved prior to installation. All sprinkler installations in Tennessee must be performed by a contractor currently licensed by the Tennessee Department of Commerce and Insurance to perform such installations, including all underground piping used solely for fire protection. Final approval of the project plans will not be granted until the sprinkler shop drawings are approved.

All construction documents submitted to the plans review section must be properly signed, sealed and dated by the design professional responsible for the content, must be in accordance with the requirements of the State Board of Architects and Engineering Examiners, contain the assigned project number and are considered to be public records.

Plans approval is also required for any change to the physical plant of a licensed facility which has an effect on any of the following: the function or use of an area; the facility's structural integrity; active or passive fire safety systems; exit corridors; or, door assemblies. Renovations which do not meet the substantial renovation requirements as defined by the Board for Licensing Health Care Facilities (see Interpretive Guidelines below) do not have to submit plans to the department for review, approval and inspection.

For all projects requiring a Certificate of Need (CON), the plans must be submitted with the CON number and dates (approval date and expiration date). Plans review on a project will be terminated on the CON expiration date if the project has not been approved and occupied by that date. Projects requiring a CON will not be scheduled for a meeting or review until the CON is obtained.

Failure to respond in writing within twelve (12) months to a citation of deficiencies by the plans review section will result in termination of the project's review. If the response is submitted after that date, it will be classified as a new project and must start at the beginning of the review process (including any official changes to the applicable code editions adopted by the Board in the regulations).

If construction on a project is delayed for a period of twelve (12) months following the date of approval of final drawings, the project must be resubmitted, must go through the review process again and must meet the codes in effect at the time of resubmission.

After final approval of plans but prior to conducting the final inspection, the final approved plans on the CAD CD Rom disk in plotter (.PLT) or drawing (.DWG) format properly labeled with the assigned project number must be submitted to the plans review section (see address below).

In order to request a final inspection, the following must be submitted and received by the appropriate office at least four (4) weeks prior to the requested/scheduled final inspection date:

1. The final approved plans on CAD CD Rom disk in plotter (.PLT) or drawing (.DWG) format, clearly labeled with the project name, county and assigned project number must be received in the plans review section; and,
2. A letter to the appropriate regional office requesting the final inspection must be received in the regional office (see address below).

At least two (2) business days prior to the scheduled final inspection date(s), a copy of the Final Inspection Checklist Completion Acknowledgment signature page (see Checklist Acknowledgment, Section J) must be received in the plans review section of the Division's central office.

The Division's central and regional offices mailing addresses are as follows:

Central Office and Plans Review Section:

Division of Health Care Facilities
Cordell Hull Building, 1st Floor
425 5th Avenue, North
Nashville, TN 37247-0508

East Tennessee Regional Office:

Division of Health Care Facilities
East Tennessee Regional Office
5908 Lyons View Pike, Bldg. #1
Knoxville, TN 37919

Middle Tennessee Regional Office:

Division of Health Care Facilities
Middle Tennessee Regional Office
710 Hart Lane, 1st Floor
Nashville, TN 37247-0530

West Tennessee Regional Office:

Division of Health Care Facilities
West Tennessee Regional Office
365 North Parkway
Jackson, TN 38305

B. Plans Submission and Review Steps:

Prior to any actions by the plans review section (meeting, review, approval, etc.), the Plans Review Submittal form, CON (if required), application (if required) and license fee (if required) must be received by the central office.

1. Plans may be delivered or mailed to the Department of Health, 425 Fifth Ave. North, 1st Floor, Cordell Hull Building, Nashville, TN 37247-0508.
2. Upon initial submission, the plans will be assigned a project number. This project number must be referenced on all correspondence. Failure to reference the assigned project number on all subsequent correspondence and/or submittals may cause delays in the plans review process.
3. Phased construction plans must contain enough information to determine that the architect has the proper interpretations (life safety layout, egress routes and distances, construction type, fire walls, etc.) and to answer code interpretation questions prior to finalizing the design of the facility.
4. The plans review section will then issue either an approval for the project, deficiencies, or a combination of deficiencies and partial approval (i.e., foundation and /or shell approval). If deficiencies are cited, such deficiencies require correction by submittal of revised plans, addenda, field orders, or change orders before the plans can be approved for construction.
5. All plans for a project must agree on the layout, wall ratings, room dimensions, smoke compartments, etc. Any change order, addendum or other deviation from the approved plans must be submitted and approved prior to construction or change being made.
6. Projects which are not responded to in twelve months (for non-CON projects), or before the expiration date of the CON has been reached, will be closed. If the project is resubmitted after this time, the process will start as a new project (for CON projects, an extension or new CON is required from the Health Facilities Commission). Resubmission of the plans will be the same as the initial submission in regard to the process.
7. After all deficiencies have been satisfactorily resolved an approval letter will be issued by the section and construction may begin after this approval letter is received.

8. Final inspection requests shall be directed to the appropriate Regional Office a minimum of four (4) weeks prior to the date of the requested inspection. Prior to the final inspection a CAD CD Rom disk, formatted in plotter (.PLT) or drawing (.DWG), copy of the final approved plans including specifications, addenda, field orders, change orders, sprinkler and hood and duct shop drawings, etc., must be submitted to the plans review section. The storage box containing the disk must be labeled with the project name, assigned project number and county. **The Department of Health Final Inspection for Occupancy/Licensure will not be conducted until the plans on CAD CD Rom disk and a copy of the Acknowledgment of Completion of Final Inspection signature page are received.**
9. Final inspections will be conducted by the regional fire safety personnel as scheduled. If deficiencies are discovered, re-inspection may not be rescheduled for at least thirty (30) days. ***The building cannot be occupied until the department issues a written occupancy approval.***

C. Plans Requirements:

1. **Civil Engineering Plans** must delineate existing grade structure and improvements, all site utilities, parking spaces (including handicapped spaces), handicapped access to the facility, all area fire hydrants, access roads for emergency vehicles, property lines, other buildings or structures; tanks, etc. Details must be provided for all pits, curbs, depth of bury for piping, etc. Projects that require sprinklers are to show the location, elevation, all related piping and grades, and flow data of the test hydrant. The hydrant test must have been performed within the past six (6) months and the time, date and who performed the test must be included with the sprinkler plans.
2. **Architectural Plans** must include floor plans which are drawn to a minimum of 1/8" scale and large scale plans of typical rooms with net square footage and cubic footage. Architectural plans must show, include, identify and provide details on all walls and their ratings, all doors, windows, casework and millwork, fixed equipment and plumbing fixtures, the function of each space, how ratings are obtained, how penetrations are to be sealed, schedules on doors, hardware, finishes, etc., all handicapped accessible spaces and the provision of all required handicapped spaces in accordance with the Americans with Disabilities Act and the North Carolina Handicapped Code.
3. **Life Safety Plans** must provide a single sheet floor plan showing fire/smoke compartments (including size), fire ratings of all walls, travel distances, exit markings, and, calculation of required exit units, etc.
4. **Mechanical Plans** must show/provide color coding of supply, return and exhaust systems, pressure relationships between all areas, design criteria for all HVAC units, including the percent of outside air (OSA) to be supplied at a minimum and the required OSA changes required for each space, the systems connections to the fire alarm including all shutdowns, cubic footage of room areas and the calculations of the air flow changes for total air changes and for outside air changes.
5. **Electrical Plans** must provide/show: a one line diagram of normal and alternate power systems showing service entrance, switchboards, transfer switches, distribution and panel boards, and a description of loads, color coding of systems connected to emergency power; all fire alarm zones, red outlets for outlets on emergency power, a fire alarm system diagram and a description of operation of all devices. Outlets in critical care areas of hospitals must be marked as to the panel and circuit from which it is fed. Ground fault interrupter outlets are to be installed in all wet areas, i.e., physical therapy, laundry, kitchen, central baths, janitor's closets, etc.

6. **Plumbing Plans** must provide/show a layout of all medical gas lines with all control valves and alarms as defined in NFPA 99, where applicable. No piping is run above food preparation and storage areas per the U.S. Public Health Food Code.
7. **Sprinkler Plans** must provide a general layout of the sprinkler system including head locations, riser location, flow test data, underground location, test hydrant location, and hydraulic calculations, etc.
8. **Outline Form** must be included as a cover sheet and provide/show an index of the construction data, type of construction (both NFPA and SBCCI types and occupancies), codes editions used, U.L. assemblies used to obtain the required ratings, areas of construction; delineation between new and existing areas noting “fire walls”, allowable area per SBCCI, etc., allowable area calculations and appropriate drawings to show clearances and when a CON is required, the CON number and date of expiration.
9. **Legends** must be included for each discipline (mechanical, electrical, plumbing, architectural, etc.) clearly delineating all symbols and assemblies used.

D. Safety Considerations in Demolition and Renovation Areas:

Demolition and renovation of areas within an existing facility must be carried out in a manner which considers all factors affecting patients, staff and public safety and must not expose patients to hazardous conditions.

Patient safety during construction/renovation of a facility is of highest priority and is the responsibility of the facility. It may be necessary that nursing wings, beds or even certain areas of the facility be temporarily closed to patients and staff until such time that the area can be rendered safe again for use. During renovation, a greater degree of awareness of potential fire and safety hazards must be maintained by the facility staff and construction personnel. Temporary adjustments must be made in the fire evacuation plans and housekeeping procedures until the facility is restored to a condition of normalcy (i.e., all life and safety systems and safeguards are operational or complete). Close coordination with the regional office and local fire officials is necessary prior to and during renovation to obtain professional safety input and to identify the need to implement patient safety requirements.

Fire and Life Safety Systems requiring a temporary shut-down must be returned to operation as quickly as possible. Alternate safety provisions must be planned for and implemented during any shut-down. Prior to temporary shut-down of the fire alarm, smoke detection and/or sprinkler systems, the facility must contact and coordinate the shut-down with local fire officials and the regional office.

During any construction or renovation, occupied portions of the facility must be kept clean and safe. Appropriate barriers must be placed to separate the operational portion of the facility from area(s) under construction to prevent dust, debris, traffic, etc. from affecting the facility's operation. During construction or renovation, operation of the facility must be contained to rooms or areas properly separated from the construction and appropriate egress(es) must be maintained. Exit/egress arrangements are also to be coordinated with our regional office and the local building official. The facility must have written policies and procedures regarding safety during construction or renovation.

E. Portable Fire Extinguishers:

As various types of fire extinguishers are not equally effective on all types of fires, consideration must be given to the class of fire which may occur, the activity in the area of probable use, and contents of the building when selecting extinguishers.

Fires are classified into three basic types and fire extinguishers are labeled to indicate the type or types of fires they are suitable to extinguish. Class A fires are fires of ordinary combustible material such as wood, cloth, paper, rubber, and many plastics. Class B fires are fires of flammable liquids, gases, greases and anesthetics. Class C fires are fires that involve energized electrical equipment such as motors, electrical panels, wiring, etc.

Extinguishers in Patient Areas:

In patient areas, patient corridors and lounges a 2-A 2 ½ gallon pressurized water extinguisher is to be used as Type ABC dry chemical extinguishers are not as effective in deep-seated mattress fires. Also, as patients often experience breathing difficulties due to heart disease, asthma or emphysema, or taking medications and sedatives that dull the senses and/or impede normal responses, such patients should not be further depleted of oxygen.

Extinguishers at Nurses Stations:

A 2-A-10BC class dry chemical, multi-purpose extinguisher is to be placed at each nurses' station including ICU, CCU, emergency and recovery suites as these extinguishers are also effective on Class A and B fires and since nurses stations contain various hazards including electrical and electronic equipment.

Extinguishers in Other Locations:

A (40) BC fire extinguisher is to be used in the kitchen area and must be located within ten feet (10 ft.) to twenty feet (20 ft.) of the cooking equipment. A (40) BC fire extinguisher is to be installed in all hazardous areas including the laundry areas, the furnace room and any other areas with unusual fire hazards.

Positioning Extinguishers:

Extinguishers must be conspicuously located, installed, sized, and maintained according to NFPA 10.

Extinguishers must be located in accordance with the maximum travel distance does not exceed the requirements specified by NFPA 10. The maximum travel distance allowed to reach an extinguisher in a RHA or ACLF occupancy shall be fifty feet (50 ft).

Extinguishers having a weight of less than forty pounds (40 lbs.) must be installed so that the handle of the extinguisher is not more than five feet (5 ft.) above the floor. Extinguishers having a weight of more than forty pounds (40 lbs.) must be installed so that the top of the extinguisher is not over three and one half feet (3.5 ft.) above the floor. There must be a clearance of at least four inches (4 in.) between the bottom of the extinguisher and the floor.

All extinguishers must be placed in such a manner that the operating instructions face outward, and the location of extinguishers must be conspicuously marked to give easy legibility at a distance of twenty-five feet (25 ft.).

Recessed cabinets for extinguishers shall be specified in accordance with NFPA-10. Locked or break-glass type cabinets are not acceptable. For fire extinguishers installed in recessed cabinets, the cabinet doors should only close with a “catch” or “latch” mechanism.

F. Automatic Sprinkler Systems:

All automatic fire extinguisher systems must be installed by a sprinkler contractor currently licensed in Tennessee to perform such installations, including all underground piping used solely for fire protection. The sprinkler contractor must obtain an approval from the plans review section prior to installation. Maintenance of the system must also be accomplished by a licensed contractor. Systems are to be designed in accordance with the appropriate NFPA codes for the type of system provided. If the system is required by the SBCCI, the system must be designed as a NFPA 13 system. Otherwise, the exceptions listed in the NFPA 101 chapters may apply.

Kitchen dry chemical systems shall be “BC” types with Hydrostatic tests conducted at a minimum of every twelve (12) years. Activation of the system must shut off all power to the oven, range, fryer, etc., and must activate the fire alarm system and shut down all supply and return air, with the exception of the kitchen vent hood and any smoke removal systems. Kitchen systems must be designed in accordance with NFPA 96 and SMC Chapter 5. The air balance in the kitchen is to be positive in the food preparation area, and negative in the dishwashing area and areas leading to the corridor. Air is to flow from clean to soiled in order to prevent contaminating food and clean items.

G. Wall Construction and Penetrations:

All walls or partitions required to have a fire rating and all corridor walls shall be appropriately constructed of noncombustible materials, however, protected construction is allowed where wood framing is in compliance. This includes: one (1) hour walls; one (1) hour fire/smoke walls; two (2) hour walls; two (2) hour fire/smoke walls and, four (4) hour walls.

In accordance with SBC and NFPA, all rated walls must be continuous from floor slab to roof or floor slab above and must be sealed “tight” with a tested assembly for the wall rating. Floor penetrations must also be protected by a tested assembly. The contractor is to keep copies of these tested assemblies on site in order for the inspector to ascertain that the penetration was properly sealed.

Non-rated, smoke-tight walls are to be sealed tight to prevent the passage of smoke from one side to the other. This must only be done on one side of the wall, as long as the integrity of the smoke barrier is preserved for the length of the wall. If the sealed side of the wall changes along the run of the wall, the smoke tight membrane must be run through the cross-section of the wall. Dry-wall compound must not be used to seal penetrations due to the fact that with the expansion and contraction or other movement of the items penetrating the wall the mud cracks over a short period of time. Accoustical caulking is recommended for use in smoke tight only wall penetrations.

H. Kitchen Requirements:

Materials/Finishes:

Washable finishes/materials must be provided in all areas in the kitchen for walls, floors and ceilings. Floors are to be sealed, junctures covered and must be graded to drain. In nursing homes or skilled nursing facilities, GFIC outlets are to be used.

Lighting:

At least twenty (20) footcandles of light must be provided on all working surfaces. At least ten (10) footcandles of light must be provided on all other areas measured at thirty (30) inches above the finished floor.

Insect and Rodent Protection:

Outer openings must be screened or other adequate controls must to be provided. Outer doors and service windows are to be equipped with self-closers or approved air curtains.

Toilet and Handwashing Facilities:

Toilets must be conveniently located and have a self closing door or alcove entrance. Toilet rooms must be vented by exhaust fans which run continuously. Sinks must have wrist blades or other such devices to allow operation without hands and soap dispensers and towels must be provided. A handwashing sink is to be provided in the food preparation areas. Employee lockers and lounges must be supplied, but must not be located in the kitchen area.

Mop Sink Area:

A mop sink closet shall be provided with hot and cold water connections.

Plumbing:

Back siphonage protection must be provided for the dishwasher, potato peeler, disposals, steam tables, scraping troughs, dipper wells, waste pulper, submerged inlets, etc. Indirect drains must be provided for the dishwasher, steam table, potato peeler, ice bins/machines, etc. The walk in cooler/freezer must have an interior drain equipped with a backwater valve. Condensate drains and other piping which may cause contamination of food preparation and storage must not be run overhead in the kitchen area. Kitchen condensate drains must be equipped with appropriate backflow protection.

Water registering 140°F. shall be provided for general usage. The water source for the dishwashing area and three compartment sink must have means of supplying 180°F. water to the rinse area. While the use of chemicals for sanitizing dishes allows for use of lesser temperature, this does not eliminate the need to have 180°F. water available at all times.

I. Interpretive Guidelines:

The following guidelines have been developed to provide interpretations of the department's regulations, alleviate confusion, reduce the number of construction violations encountered, and prevent the need for costly corrections and/or construction delays:

1. "Substantial renovation" are projects that renovate more than ten percent (10%) of any smoke compartment. Areas renovated less than 10% must meet the following criteria to be exempt from submitting plans:

- a) all work is executed in accordance with currently adopted codes;
- b) only one (1) renovation project is being initiated during the year's period;
- c) no licensure deficiencies were cited on the facility's last survey;
- d) the project involves no combustible or medical gas or is not classified as Hazardous under the 1997 codes;
- e) there is no change or alteration to the existing life safety classification;
- f) there is no change or alteration to the construction type or life safety of the facility; and
- g) the project does not alter any of the following systems:
 - I. Fire Alarm System;
 - II. Fire Suppression System;
 - III. Mechanical System; or the
 - IV. Electrical System.

Projects that are strictly cosmetic in nature need not be submitted, provided that all improvements are limited to surface treatments, do not change any existing life safety conditions, and do meet all applicable codes. Any project meeting the above criteria for exemption from plans submittal must submit a certified statement by a Tennessee registered architect or engineer of the project scope and justification basis for not requiring departmental approval. Upon completion of the project, the licensee must submit a letter, certified by a Tennessee registered architect or engineer, stating that such improvements have been completed in accordance with the project scope.

- 2. When a fire alarm system is required, all fire warning and detection devices must be connected to that fire alarm system. This includes duct detectors, kitchen exhaust extinguishing systems, alternate fire suppression systems, etc. The initiation of any device must set off the fire alarm system and shut down the air handling units.
- 3. In facilities where patients or residents must travel from one building to another for any type of treatment, care or other service, the patient/resident must be afforded a degree of protection consistent with that expected in the building environment.
- 4. The sound of the fire alarm or smoke detectors must be heard throughout the facility, and appropriate audible/visual alarm devices must be employed in sufficient number and type to accomplish this. In residential facilities the alarm sounded by the smoke detector must be clearly heard throughout the entire "unit" or facility, not just the sleeping rooms.
- 5. "Fully sprinklered" includes all spaces including closets, electrical rooms, elevator shafts, elevator equipment rooms, MRI rooms, freezers, etc.
- 6. "Fan shutdown" must include all fans involved in recirculating air within the compartment of alarm origination and other fans as necessary to prevent the movement of smoke into other areas.

7. Smoke and fire dampers must be installed according to the manufacturer's instructions with particular attention to their sealing and the use of mounting screws around breakaway clips and angles. Fire dampers must be installed within the plane of the rated assembly.
8. "Immediate and without delay" means within thirty (30) seconds. The sprinkler system is to activate the fire alarm within thirty (30) seconds of opening the inspector's test pipe.
9. All control valves, including the control valves in the underground main feed, must be electrically supervised.
10. An acceptable 1-hour ceiling for a structure of wood truss construction is two layers of 5/8 inch type "X" gypsum board nailed to the bottom rafter or truss. If a 2-hour ceiling is required, then the design may be the same as a 2-hour wall turned on its side, in specific cases.
11. On dry pipe systems, the water is to begin to flow within one (1) minute at the most remote inspector's test outlet. This means full water flow, not air and water mixed.
12. Canopies and porches of combustible construction are to be sprinklered above and below the ceiling. The heads located below the ceiling may be omitted if there is no storage, and all areas including the ceiling consist of noncombustible material.
13. The minimum separation distance of a non-fire rated structure, such as a trailer, and an institutional occupancy facility is thirty (30) feet.

Appeal Options:

An informal Codes Dispute Interpretation Panel consisting of three (3) members will hear any codes dispute and render a decision. One (1) member is from the Tennessee Department of Commerce and Insurance, one (1) member from the Division of Health Care Facilities, and the third member from the American Institute of Architects and the Consulting Engineers of Tennessee. The member appointed from the Division of Health Care Facilities will not include the plans reviewer. At each meeting of the Panel, the facility's representative(s) and the plans reviewer will each be allowed to present their respective viewpoint(s), and notes or minutes of the meetings will be maintained. When a facility/proposed facility disputes a Departmental codes interpretation or requirement and desires the Panel to review that interpretation or requirement, the facility's representative must submit a written request to the Director of the Board for Licensing Health Care Facilities to have the Panel review the dispute, whereupon, the facility will be scheduled for and notified of the Panel's next meeting date, time and location.

The Codes Interpretation Panel may meet up to two times per month, or less as needed, to review code disputes at a place and time designated in writing by the Department. A decision is rendered at the meeting which is to be followed-up by written confirmation of the decision and any applicable appeal rights.

If the dispute is an interpretation of the code, the Panel's interpretation will be presented to the Director of the Board for Licensing Health Care Facilities for final approval. If the dispute is a code requirement, the panel's decision will be reported to the Board at the next regularly scheduled meeting. If the Panel decides in favor of the facility's request, the item will be placed on the consent calendar for the Board's ratification, with no representation by the facility being required. If the Panel decides against the facility's request, the facility may then, at its own risk, present its request for the waiver or waivers at the next regularly scheduled Board meeting.

J. Final Inspection Completion Acknowledgment:



**DEPARTMENT OF HEALTH
DIVISION OF HEALTH CARE FACILITIES
FINAL INSPECTION CHECKLIST
COMPLETION ACKNOWLEDGMENT**

The attached checklist is to be completed prior to your request for a Department of Health Final Inspection for Licensure/Occupancy. The purpose of the checklist is to assure the project is 100 % complete and is ready for the Department of Health Final Inspection for Licensure/Occupancy. A copy of this signature page must be submitted to the Regional Office prior to the final inspection. The original copy must be submitted to the Life Safety Code surveyor at the time of the final inspection.

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

ASSIGNED PROJECT NUMBER: _____

DATE INSPECTED TO ASSURE 100% COMPLETION: _____

WE, THE UNDERSIGNED, AGREE TO THE BEST OF OUR KNOWLEDGE THAT THE ITEMS ON THIS CHECKLIST HAVE BEEN COMPLETED AND THAT THE SYSTEMS HAVE BEEN THOROUGHLY TESTED AND ARE CURRENTLY OPERATING SATISFACTORILY. THIS PROJECT IS 100% COMPLETE AND MEETS ALL APPLICABLE CODES AND REGULATIONS. PLEASE SIGN AND DATE BELOW.

OWNER: _____

ARCHITECT/ENGINEER: _____

GENERAL CONTRACTOR: _____

MECHANICAL ENGINEER: _____

ELECTRICAL ENGINEER: _____

REMINDER: Final inspection requests shall be directed to the appropriate Regional Office at a minimum of four (4) weeks prior to the date of the requested inspection. Prior to the final inspection, a CAD CD Rom disk in Plotter (.PLT) or drawing (.DWG) format copy of the final approved plans including all shop drawings specifications, addenda, field orders, change orders, sprinkler and hood and duct shop drawings, etc., must be submitted to the plans review section. The storage box containing the CAD CD Rom disk copy must be labeled with the project name, assigned project number and county. Conveyance of the hard set of plans to the job site for reference by the inspector is the responsibility of the architect/engineer. **The Department of Health Final Inspection for Occupancy/Licensure will not be conducted until the plans on disk and a copy of this Acknowledgment of Completion of Final Inspection signature page are received.**

K. Codes Checklist:



**DEPARTMENT OF HEALTH
DIVISION OF HEALTH CARE FACILITIES
CODES CHECKLIST**

Project Name _____ Assigned Project # _____

County _____ Certificate of Need # _____

Regulations, Codes and Standards with which this project shall comply when reviewed by the Division of Health Care Facilities:

CODES:	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
1. Standard Building Code, 1999 edition (excluding Chapter 1 and Section 508, Handicapped Accessibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Please check with the project owner to ascertain what, if any local building codes may apply, local building/fire officials with whom coordination may be needed, and relevant requirements of the owner's insurance and mortgage company.			
2. NFPA 1, including Annex A, 2000 edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. National Electrical Code, 1999 edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Standard Plumbing Code, 1997 edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Standard Mechanical Code, 1997 edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Standard Gas Code, 1999 edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. An Illustrated Handbook of the Handicapped section of the North Carolina state building code <u>or</u> CABO/ANSI Handicap Code, 117.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Americans with Disabilities Act (ADA) Title III, 1991.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ASHRAE Handbook of Fundamentals, latest edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 2000 Life Safety Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. "Guidelines for Design and Construction of Hospitals and Health Care Facilities," 2001 edition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGULATIONS:

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
1. Minimum Standards for Hospitals, 1200-8-1 through 1200-8-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Minimum Standards for Nursing Homes, 1200-8-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Minimum Standards for Home Care Organizations, 1200-8-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Minimum Standards for Ambulatory Surgical Treatment Centers, 1200-8-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Minimum Standards for Homes for Aged, 1200-8-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Minimum Standards for Residential Hospices, 1200-8-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Minimum Standards for A & D Residential Rehab. Treatment Facilities, 1200-8-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Minimum Standards for A & D Non-Residential Treatment Facilities, 1200-8-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Minimum Standards for A & D DUI School Facilities, 1200-8-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Minimum Standards for A & D Primary Prevention Treatment Facilities, 1200-8-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Minimum Standards for A & D Non-Res. Methadone Treatment Facilities, 1200-8-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Minimum Standards for A & D Halfway House Treatment Facilities, 1200-8-22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Minimum Standards for A & D Res. Detoxification Treatment Facilities, 1200-8-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Minimum Standards for Birthing Centers, 1200-8-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Minimum Standards for Assisted-Care Living Facilities, 1200-8-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Minimum Standards for End Stage Renal Dialysis Clinics, 1200-8-32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Minimum Standards for HIV Supportive Living Facilities, 1200-8-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL REGULATIONS that may be required to be met:

1. Water Supply - Tennessee Dept. of Environment and Conservation, (615) 532-0191	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wastewater - TDEC - (615) 532-0625	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Radiological Protection - TDEC - (615) 532-0364	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Air Pollution Control, TDEC - (615) 532-0554	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazardous Waste Disposal - TDEC - (615) 532-0780	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L. Final Inspection Checklist:

1. RATED ASSEMBLIES

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. All rated wall assemblies (1, 2, & 4 hour fire walls and smoke partitions) have appropriate accepted design.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Type X 5/8" fire-rated gypsum board is used throughout the project, unless listed assemblies require another rated material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. All wall penetrations tightly are sealed with an acceptable fire resistant material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Each opening has the appropriate door or window installed with all required hardware, dimensions, etc., which is consistent with the hour rating of the assembly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Proper identification provided above ceiling, with both sides of each rated wall labeled 25 ft. on center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. All structural members (columns, beams, etc.) have been appropriately protected for fire protection per SBCCI, Table 600.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Assemblies conform to U.L. or Factory Mutual Listings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CORRIDORS

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. One hour fire resistive assembly provided with tightly sealed fire resistive materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Corridor wall assembly sealed to "resist passage of smoke."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. All smoke partition and other rated wall glazing is wire glass mounted in steel frames. Glazing dimensions and areas have not been exceeded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. All door assemblies separating the exit corridor from adjacent spaces are equipped with door and frame assemblies with positive latches and automatic door closers. (Closers, are not required on patient room doors and some patient use areas in fully sprinklered institutional facilities.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Corridor door and frame assemblies in non-sprinklered buildings are 20 minute rated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Smoke compartment do not exceed 22,500 square feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exits are clearly marked with exit lights at appropriate locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. All exit doors swing in direction of egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Handrails provided in corridors are firmly attached, mounted 32" high and return to the wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. At least two (2) exit signs are visible from two directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Carpet on walls is no higher than 4 feet and is class A type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Special sill construction (i.e., metal strips) is required, the width of the door frame at fire doors where combustible floors or combustible floor coverings extend through the door opening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. STAIRS AND RAMPS

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. Buildings over four (4) stories have stair tower access to roof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Buildings over 3 stories have a 2 hour fire rating for vertical openings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Buildings 3 stories or less have vertical openings with 1 hour fire rating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tread and riser heights are within limits specified by code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Exit passage must have at least the same fire resistance rating as required for the stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Exit lights are provided at exit discharges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Handrails mounted as required with extensions for the handicapped and return to wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Landings over 30" above grade have 42" high railing with no opening a 4" sphere can pass through (includes top stair landing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Ramps are at least 48" wide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Ramps do not exceed maximum slope of 1:12 with landing at 30' or 1:20 with landing at 50'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Ramps have 5' X 5' landing where at change directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Ramps have continuous handrails - two (2) for 1:12 and/or one (1) for 1:20, with 12" extensions at each end which returns to wall or floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Ramps have a non-skid, water shedding surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. SMOKE PARTITIONS

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. Minimum of 1 hour fire resistive construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Continuous and sealed from floor slab to floor/roof above and to outside wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. All penetrations of pipes, conduit, wiring, and structure are properly fire-stopped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Smoke doors have automatic closers, steel astragals and provide tight seal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Smoke dampers are provided at duct penetrations with access panels within 2' of damper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Proper identifications stenciled on wall above finished ceiling on both sides, (i.e., "ONE HOUR FIRE RATED SMOKE PARTITION-SEAL ALL OPENINGS").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Duct insulation does not penetrate rated wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. PATIENT ROOMS

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. Room size and dimension are within limits. (100 sq. ft. single, 80 sq. ft. per person multiple)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Flame retardant cubicle curtains with mesh is provided in all hospital and nursing home semi-private rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Windows are required size, sill height is max. 44", operable and provided with screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Patient rooms and adjacent toilets usable by handicapped. (5, 10 or 50 % respectively)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Grab bars in all patient toilets, tubs and showers and will support a 250 lb. Load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Adequate storage is provided for patients' clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.	Rooms have general lighting and night lights operable by switches at doors. (No switch on night lights at toilet or bath.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Duplex outlets on separate circuits and emergency power on each side at the head of each bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Beds are proper size with 3' of clearance around each bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Nurse call system is accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Smoke detectors or quick response sprinkler heads are installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Smoke detectors in patient rooms notify nurse station when in alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.	Sleeping room doors are operable from the inside without the use of a key.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	Sleeping room doors are smoke-tight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **KITCHEN**

		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Range hoods equipped with engineered automatic and manual extinguishing system connected the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Kitchen hood exhaust system runs continuously when fire alarms shut down HVAC system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Motors, fans and exhaust outlets are approved and rated for continuous operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	All seams, joints, and penetrations have liquid-tight external welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	An opening for clean out is provided at each change of direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	All ducts lead, as directly as possible, to the exterior of the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	A portable fire extinguisher, listed for extra hazard, is located between 10' to 20' away from cooking equipment and mounted and 5' AFF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	All sources of heat and fuel for cooking equipment automatically shut off upon activation of extinguisher system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Motors, fans and exhaust outlets are approved and rated for continuous operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Residential (kitchen) hood shall be ducted to the outside of the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Equipment is sealed or spaced to facilitate cleaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Handwashing sink hardware equipped with wrist, knee, or foot control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.	Dispensers for soap and hand towels at handwash sinks in food preparation area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	Easily washable (nonporous) finishes throughout (ceiling, walls, floors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.	The toilet shall be separated from the kitchen by two (2) doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.	Employee lockers provided and appropriately located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.	Electrical receptacles within 6'0" feet of the sink is on (GFCI).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.	Walk-in cooler and freezer shall have sprinkler (head) system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.	Garbage storage is separated and easily accessible to the outside for direct pickup or disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.	Air distribution in dishwashing (dirty) area is negative pressure, food prep. area is neutral or slightly positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.	Sanitary piping and clean-outs are not installed within the ceiling or in an exposed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.	Hot water supply registers 180° F. - at dishwashing final rinse and 3-compartment sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W.	Dishwashing shall be in a room or alcove separate from food preparation and serving areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X.	Three (3) compartment sink or dishwashing machine shall be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. ACCESSIBILITY

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. Adequate parking is provided near Main and Outpatient entrances. Outpatient facilities 10%, Mobility impaired facilities 20% with 4 foot wide ramped walks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Passenger Loading zone - 5'X 20' access aisle - maximum slope 2%, 36" curb ramp, 114" vertical clearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. At least one public entrance is accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Minimum 2% accessible parking: 96" wide, 60" access aisle with vertical sign.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Bedrooms, toilets and public areas are accessible in accordance with ADA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Drinking fountains and public phones for handicapped are provide with proper operation and adequate clearances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Toilets fixtures have proper mounting heights: Toilet - ≥ 18 " from wall or partition, seat 17"-19" AFF Lavatories - counter or rim ≤ 34 " AFF, 29" clear under apron, pipes insulated Urinals - 19" maximum to rim, 44" to flush valve AFF Mirrors, soap, towel dispensers, etc. mounted ≤ 40 " AFF Grab bars 1 1/2" diameter = 42" long at side, 36" long behind toilet and 33"-36" AFF Toilet stall area (if provided) is a minimum of 40" wide, 66" or 72" deep with door swinging out; door is 32" clear, and 12" minimum offset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Raised lettered/numbered room designations provided at public areas, mounted no lower than 54" and no higher than 66" AFF on strike side of door frame. International wheel chair emblem at public handicap toilets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire alarm strobe light(s) installed in public restroom(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. EMERGENCY ELECTRICAL SYSTEM

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A. Emergency generator provided with (diesel or propane) standby fuel source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Automatic transfer switch is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Power transfers to emergency generator within ten (10) seconds of normal power failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. All items required to be on emergency power operate on emergency power: fire, smoke and water flow alarms, nurse call system, exit lights, corridor outlets, emergency heat, emergency task lighting, mechanical room lighting, receptacles, exhaust in isolation rooms, telephone communications, security monitoring systems, emergency paging and speaker systems, night lights in patient rooms, bathrooms, and toilets, central heat supply to corridors, nurses' station, dining and activity areas, sump pumps or other safety equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. At least one (1) elevator is on emergency power system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Critical power circuits and life safety circuits are separate systems including separate panelboxes and branch circuits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Life safety panel contains only allowed circuits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Emergency power outlets are provided at max. 50' intervals in corridors and in patient rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Critical branch and life safety branch are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Alarm monitors for non-flammable medical gas systems, must be on emergency power unless the system has trickle-charged battery (DC) power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. FIRE ALARM SYSTEM		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Electrically connected and tested to central station via an accepted transmitting system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	All pull stations, visual and audible signals, smoke detectors and heat detectors are operational, have been individually tested and are appropriately located per ADA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Pull station is located at or in each nurses' station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Zone map is provided at annunciator(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Annunciator panel is properly labeled and accessible to fire department personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	All circuits are electrically supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Alarms are audible, visual and heard throughout the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Battery back-up functions properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Elevator capture is operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Fans in zone of alarm shut down upon activation of the fire alarm. If fire alarm does not provide for zoning of fan shutdown, all facility recirculating fans must shut down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Silencing alarm, supervisory, and trouble signals are provided and arranged so subsequent signals re-sound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. SMOKE DETECTION SYSTEM		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Smoke detection system and detectors are interconnected with fire alarm system, are on emergency power system and have been completely tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Smoke detectors provided are provided in all corridors within 15' of ends and at 30' intervals, provided on both sides of smoke partition doors, and where applicable, provided in patient rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Smoke doors close upon activation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Duct detectors are provided where required and connected to the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Smoke dampers are sealed inside between the damper and the duct and close tightly upon activation of the fire alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Detectors are located near return vents and not less than 3' from air supply diffuser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. AUTOMATIC SPRINKLER SYSTEM		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Type of system (wet and dry), NFPA 13, 13D, 13R:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Fire hydrant location shall meet NFPA 24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	System provides coverage to all areas and rooms. Computer rooms may be accepted with alternate fire suppression system, automatic and manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	All control valves, including PIV valve, are electronically supervised (tamper switch).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Flow alarm switch is provided for each zone electrically supervised and connected to fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Inspector's test valve remotely located on each sprinkler zone on both wet and dry systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	All control, drain, and test connection valves are identified with permanently marked weather-proof metal or rigid plastic tags/signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Eye rods are secured with lock washers and threaded sections of rods are not formed or bent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I.	Hangers are fastened appropriately and without nails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	In areas not subject to freezing, auxiliary drains are provided for wet pipe systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	In areas subject to freezing, auxiliary drains are provided for dry pipe systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	A dry pipe system is installed where portions of systems can freeze or where pipe temperatures cannot be maintained at or above 40° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. NURSE CALL SYSTEM		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	System is completely operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Visual signals provided at resident's door and other appropriate locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Emergency call(s) provided at all patient beds, toilets, tubs and showers. Cord must be reachable from toilets, tubs, showers and within 6" of the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Control console is labeled to reflect actual patient room numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FIRE EXTINGUISHERS		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Extinguishers are located within 25' of exits and within 50' of any area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Height of extinguisher handle does not exceed 60" AFF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Adequate number of 2 gallon pressurized water extinguishers are located in patient areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Type 2-A-10-BC extinguisher located at nurses' station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Extinguishers are provided at hazardous areas such as the kitchen, laundry, large storage areas and mechanical rooms with 40-B-C units provided in the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Extinguishers were inspected prior to installation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. PLUMBING		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Hot water provided at patient use fixtures, with the water temperature not less than 105°F. nor exceeding 115°F. in long term care facilities or 125°F. in hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Backflow preventers (vacuum breakers) are installed in hose bibbs, janitors sinks, bedpan slushing attachments, or on any other fixtures on which hoses or tubing can be attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Cut off valves for water supply and return are provided for each fixture or each patient room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Sanitary pipe cleanouts are located at no more than 100' intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Sanitary pipe cleanouts are located at each change of direction in building drain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Sanitary piping is not installed within the ceiling or in an exposed location in food preparation, storage, serving or other critical areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Commercial laundries are equipped with an interceptor with a removable wire basket.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. MECHANICAL		<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Heating and cooling systems are operational, properly balanced and balance report is included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B.	Negative and positive air pressure is provided as required with particular attention to clean and soiled areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Negative air pressure is maintained in soiled utility, toilet and bathroom, janitor's closet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Positive air pressure is maintained in clean linen rooms, clean utility rooms, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Neutral pressure is maintained in patient bedrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Corridors are not to be used to supply air or exhaust air from any room, except to ventilate bathrooms, toilet rooms and janitor's closets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Separate exhaust system is provided in isolation room and is on emergency power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Exhaust systems are operational with toilet, bathroom, mechanical equipment, and under window exhaust systems operating continuously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Fire dampers or alternate duct outlet protection correctly installed in all rated walls and all registers in rated ceiling assemblies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Smoke dampers are correctly installed in all duct work penetrating smoke partitions. Dampers close tightly when activated and motor arms, etc., do not penetrate the plane of rated walls. Ceiling and duct access is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	All HVAC duct penetrations in rated walls have steel angles on both sides of the wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. **ELECTRICAL**

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Electrical panel board directories are coordinated with actual room numbers.	<input type="checkbox"/>	<input type="checkbox"/>
B.	Switches and outlets are operable with covers installed.	<input type="checkbox"/>	<input type="checkbox"/>
C.	General emergency illumination of exits provide a minimum of (1) foot candle at the floor.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Junction boxes are installed with covers.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Duplex outlets are on <u>separate</u> circuits in patient rooms on each side at the head of each bed.	<input type="checkbox"/>	<input type="checkbox"/>
F.	Emergency outlets, switches and junction boxes distinctly marked and emergency systems labeled.	<input type="checkbox"/>	<input type="checkbox"/>
G.	All receptacles and switches served by emergency power are color coded.	<input type="checkbox"/>	<input type="checkbox"/>
H.	Ground fault circuit interrupters (GFCI) are required in wet areas (i.e., bathrooms, kitchens, laundries, physical therapy areas)	<input type="checkbox"/>	<input type="checkbox"/>

17. **MEDICAL GAS**

	<u>MET</u>	<u>NOT MET</u>	<u>N/A</u>
A.	Zone valves are provided as required.	<input type="checkbox"/>	<input type="checkbox"/>
B.	Zone valves and areas covered are labeled.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Zone valves inspected for proper function, identification, adaptation, and mechanical integrity.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Alarms properly installed, monitor proper pressure and show gas location and function.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Medical gas alarms are provided with the annunciator at supervised locations.	<input type="checkbox"/>	<input type="checkbox"/>
F.	Gas system checked and has no crossed lines.	<input type="checkbox"/>	<input type="checkbox"/>

18. OTHER ITEMS

	<u>MET</u>	<u>NOT</u> <u>MET</u>	<u>N/A</u>
A. Evacuation plans are posted in public and waiting areas and properly oriented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Medical drug storage cabinets or carts are lockable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mop hangers are provided for mops to drip in basins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Bulb protection for exposed light bulbs in janitors' closets is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. No storage is provided within 18" of sprinkler heads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Exterior doors are tightly fitted to prevent entry of insects and drafts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. CERTIFICATION AND DOCUMENTATION

At the final inspection, a Department of Health Regional Office Fire Safety Inspector will check all of the above and exercise all of the systems. The final inspection is not to be used as a substitute for the architect's "punch list" check or as a substitute for the items on this checklist being checked by the contractor. If at the final inspection it is obvious that this has happened, the final inspection will be terminated.

The building must be 100% complete including the "owner installed" items to execute the final inspection. Construction people are to have completed their work, the building is to be clean and ready to occupy by the owner in order to staff and supply for the inspection. All certifications and documents shall be submitted at the time of the final inspection.

At the final inspection, the following actions, as applicable, must be accomplished and documentation furnished in a binder and properly indexed:

- A. Provide a copy of the Certificate of Need, if applicable, or letter of exemption.
- B. Provide a copy of the Plans Approval letter issued by the plans review section.
- C. Provide a description of the project (or portion of the project) that is to be inspected for licensure. The description is to include area designation(s), square footage, work completed and approximate cost. This will be compared to the CON for consistency.
- D. Provide copies of the approval documents for the:

Water system, including test results from water samples _____

Wastewater system _____

Radiological/X-ray systems _____

- E. Provide copies of the approval documents from the:

Local Building Inspector; or, _____

Fire Chief; or, _____

Fire department providing service; or, _____

Electrical Inspector. _____

- F. Provide manufacturer-supplied certification of laboratory tests confirming flamespread/fire retardancy of:

Carpet _____

Curtains _____

Wallcoverings _____

Floor coverings _____

Mattresses

Furniture

- A. Provide a contractor certification that those materials indicated in F. above were the ones installed.
- B. Provide a copy of the approval letter for sprinkler shop drawings.
- C. Provide copies of test data and certification.
- D. Provide a copy of the approval letter for elevator installation and operation.
- E. If a septic tank is used, provide a copy of the re-inspection letter for sub-surface sewage disposal systems.
- F. Provide a certification (signed or initialed and dated) by the design engineer that the following systems have been installed according to the approved plans and specifications, properly tested, and operate according to code and design specifications. (It is recommended that this certification be based on actual observation and certifications furnished by the installing contractor.) Copies of any certification reports are also to be furnished.
 - I. Fire Alarm System_____
 - II. Smoke Detection System_____
 - III. Heat Detection System_____
 - IV. Emergency Power System_____
 - V. Medical Gas System_____
 - VI. Sprinkler System_____
 - VII. Kitchen Hood Extinguisher System_____
 - VIII. Line isolation certification by installer_____
 - IX. Test and balance report for HVAC System_____
 - X. Boiler certification, if applicable_____

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